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Research Article

Autoimmunity

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Adult neural stem cells expressing IL-10 confer potent immunomodulation and remyelination in experimental autoimmune encephalitis

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Adult neural stem cells (aNSCs) derived from the subventricular zone of the brain show therapeutic effects in EAE, an animal model of the chronic inflammatory neurodegenerative disease MS; however, the beneficial effects are modest. One critical weakness of aNSC therapy may be an insufficient antiinflammatory effect. Here, we demonstrate that i.v. or i.c.v. injection of aNSCs engineered to secrete IL-10 (IL-10-aNSCs), a potent immunoregulatory cytokine, induced more profound functional and pathological recovery from ongoing EAE than that with control aNSCs. IL-10-aNSCs exhibited enhanced antiinflammatory effects in the periphery and inflammatory foci in the CNS compared with control aNSCs, more effectively reducing myelin damage, a hallmark of MS. When compared with mice treated with control aNSCs, those treated with IL-10-aNSCs demonstrated differentiation of transplanted cells into greater numbers of oligodendrocytes and neurons but fewer astrocytes, thus enhancing exogenous remyelination and neuron/axonal growth. Finally, IL-10-aNSCs converted a hostile environment to one supportive of neurons/oligodendrocytes, thereby promoting endogenous remyelination. Thus, aNSCs engineered to express IL-10 show enhanced ability to induce immune suppression, remyelination, and neuronal repair and may represent a novel approach that can substantially improve the efficacy of neural stem cell-based therapy in EAE/MS.

Introduction

Inflammatory infiltrate and demyelination of the CNS are hallmarks of MS and its animal model, EAE (1, 2). MS begins when peripherally activated myelin-reactive T cells infiltrate into the CNS, followed closely by other immune cells, including naive myelin-reactive T cells, nonspecific T cells, macrophages, dendritic cells, B cells, and neutrophils (1, 2). Once in the CNS, myelin-reactive T cells are activated/reactivated by myelin antigens, thereby triggering an immunologic cascade that results in myelin damage. This process occurs in the initial phase of the disease and continues to some extent during the chronic and relapse phases (1). Autoreactive T cells and activated APCs produce proinflammatory cytokines, such as IFN- γ , TNF- α , IL-17, and IL-23, and promote cell-mediated immunity in the CNS (1, 3). Conversely, Th2 cytokines IL-4 and IL-5 and immunoregulatory cytokines IL-10 and TGF- β may be protective (4–6).

Adult neural stem cells (aNSCs) are a specific type of multipotent stem cell that is present in the ependymal cell layers of the adult subventricular zone (SVZ), the cortical and limbic regions of the brain (7, 8). The capability of migration into the CNS and neural differentiation makes these cells an attractive candidate for cell replacement therapy, not only in EAE, but also in other types of neurodegenerative diseases (9–11). Recent studies have shown the therapeutic potential of neural stem cells (NSCs) in MS/EAE (12–15). Among them 2 exciting reports showed that injection of adult

SVZ-derived NSCs into EAE mice, either i.v. or i.c.v., promotes functional recovery in chronic and relapsing EAE (14, 15), with a weak antiinflammatory effect in the latter (comparing an inflammation score of 3.1 in controls to a score of 2.1 in aNSC-treated mice). In chronic EAE, however, this therapy is even less effective, given the difference between the clinical score in controls of 1.8 and in aNSC-treated mice of 1.1, with very little improvement in CNS inflammation (comparing an inflammation score of 5.1 ± 0.4 in sham-treated mice to 4.5 ± 0.8 in i.c.v. aNSC-treated [aNSC-i.c.v.] mice and 4.8 ± 0.6 in i.v. aNSC-treated [aNSC-i.v.] mice) (14).

To endow aNSCs with potent antiinflammatory capacity, in this study we engineered aNSCs to express IL-10, an effective antiinflammatory cytokine that efficiently suppresses EAE (16). Further, this cytokine also promotes survival of neurons and oligodendrocytes by protecting them from inflammation-induced damage (17–19). Our results demonstrate that transduction of aNSCs with IL-10, not only enhances their ability to suppress inflammation in both the periphery and the CNS, but also promotes remyelination and neuronal repopulation, resulting in a more effective suppression of chronic EAE than with control aNSCs. Thus, aNSCs can be exploited as a useful platform to produce and deliver antiinflammatory mediators into inflammation foci, while retaining their intrinsic capacity for CNS repair in autoimmune disorders such as MS/EAE.

Results

Generation and characterization of aNSCs. We isolated and expanded aNSCs from the SVZ of adult C57BL/6 mice. After 3–5 days

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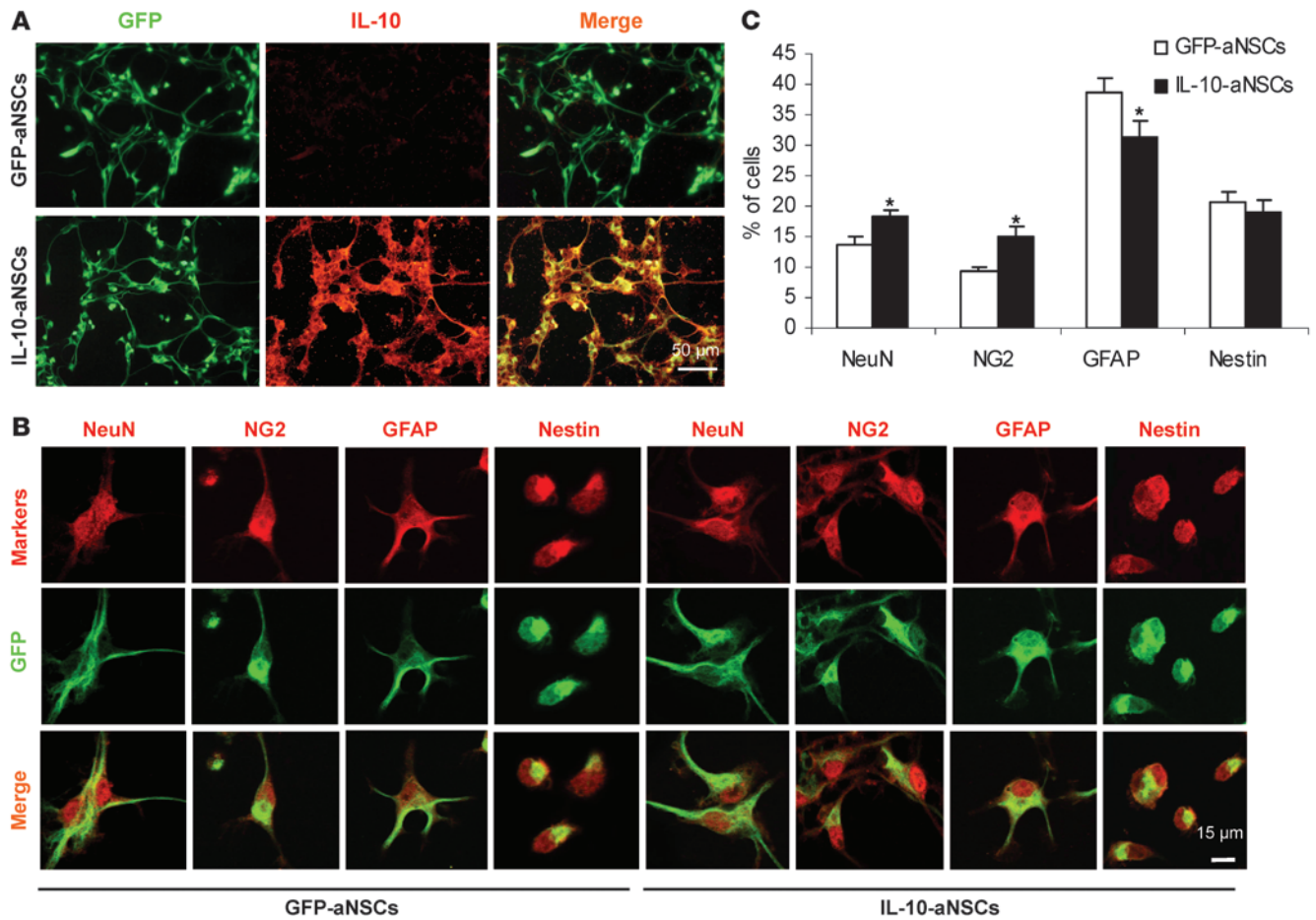


Figure 1
 In vitro differentiation potential of transduced aNSCs. Modified neurospheres were dislodged and dissociated into single cells, then transferred into poly-L-lysine–precoated chamber slides and maintained in differentiation medium for 10 days. (A) aNSCs transduced with both vectors are GFP⁺ and exhibit neural cell morphology. IL-10 (red) was expressed in IL-10–aNSCs but not in GFP–aNSCs. (B) Double labeling with GFP and neural specific markers (red) indicate that aNSCs transduced with both vectors differentiated into NeuN⁺ neurons, NG2⁺ oligodendrocytes, GFAP⁺ astrocytes, or remained undifferentiated (nestin⁺), as verified by immunostaining and confocal microscopy. Original magnification, $\times 20$ (A); $\times 65$ (B). (C) Quantitative analysis. Symbols represent mean \pm SEM of 4 independent experiments. * $P < 0.05$.

in culture, various sizes of primary neurospheres containing 20–200 aNSCs were formed from single aNSCs. Free-floating primary neurospheres were collected, dissociated, and cultured for the next passage. aNSCs at passages 4–15 were used in all experiments. Both adult neurospheres (Supplemental Figure 1A; supplemental material available online with this article; doi:10.1172/JCI37914DS1) and dissociated single aNSCs (Supplemental Figure 1B) were positive for NSC markers nestin and SOX₂ (14, 20, 21).

Generation of lentiviral vectors and transduction into aNSCs. To enhance the antiinflammatory capacity of aNSCs and to trace them after transplantation into EAE mice, we infected these cells with either bicistronic lentiviral vector Lv.IL-10, encoding both IL-10 and GFP driven by a CMV promoter, or with Lv.GFP, encoding GFP alone, to serve as a control (Supplemental Figure 2A). At day 3 after infection of NSCs, over 60% infection efficiency for both vectors in aNSCs was observed (data not shown). GFP⁺ cells were then sorted by FACS to reach a more than 99% purity and transferred into growth medium. Prominent GFP (green) was visible in aNSCs infected with either vector, while strong IL-10 expres-

sion (red) was visible only in Lv.IL-10-transduced neurospheres (Supplemental Figure 2B). IL-10 concentration in supernatants of Lv.IL-10-infected aNSCs was 719.0 ± 68.2 pg/ml, while IL-10 was undetectable in supernatants of control vector-infected aNSCs (Supplemental Figure 2C). Similar levels of IL-10 receptor were expressed on IL-10–aNSCs, control aNSCs (GFP–aNSCs), and non-transduced aNSCs (Supplemental Figure 2D).

In vitro differentiation potential of modified aNSCs. To assess differentiation potential of modified aNSCs in vitro, neurospheres were dislodged from plates, dissociated into single cells or smaller neurospheres, and then transferred into poly-L-lysine precoated chamber slides and maintained in differentiation medium for 10 days. Results of immunostaining showed that transduced aNSCs differentiated into morphologically neural cell types, and IL-10 was strongly expressed in IL-10–aNSCs but not in GFP–aNSCs (Figure 1A). Compared with GFP–aNSCs, IL-10–aNSCs differentiated into more NeuN⁺ neurons and NG2⁺ oligodendrocyte precursors but fewer GFAP⁺ astrocytes (all $P < 0.05$). Similar proportions of IL-10–aNSCs and GFP–aNSCs remained nestin⁺, indicating non-differentiated NSCs (Figure 1, B and C).

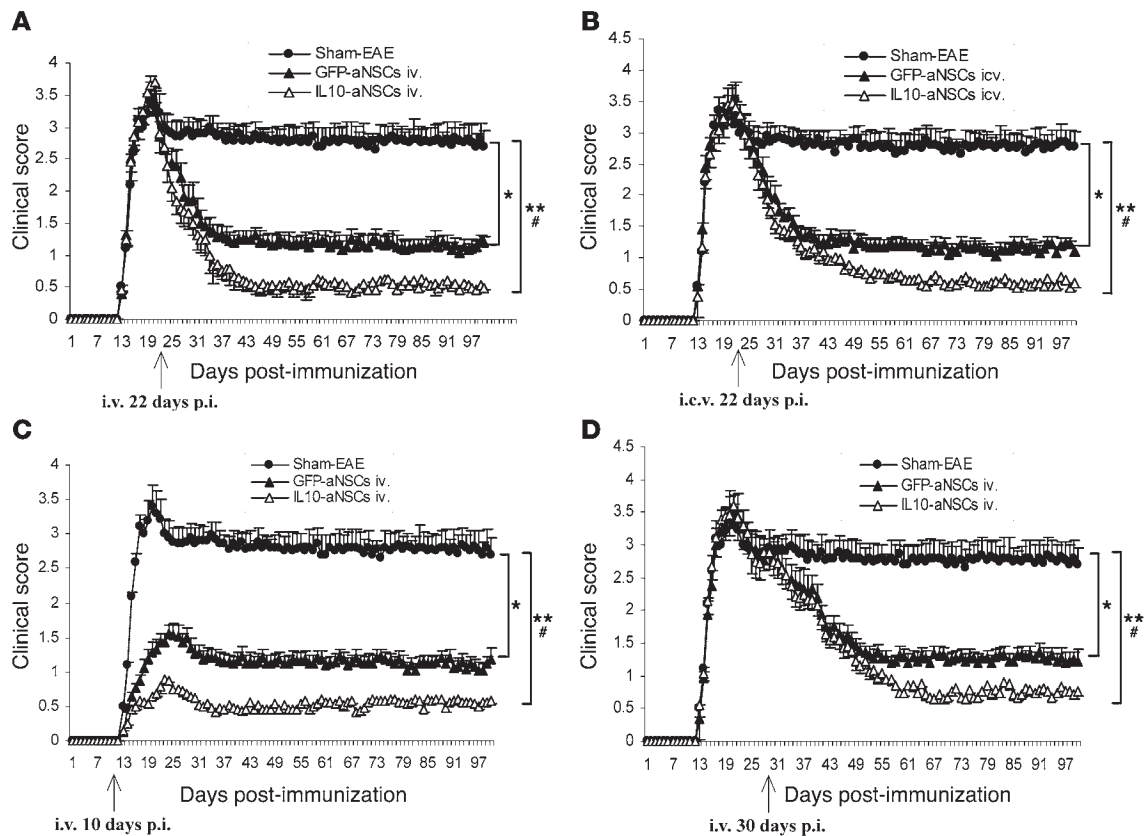


Figure 2

Enhanced suppression of EAE by IL-10–transduced aNSCs. aNSCs transduced with Lv.GFP or Lv.IL-10 were dissociated into single cells and washed twice with PBS. Either i.v. or i.c.v., 1.5×10^6 cells per mouse were injected once at different stages of disease. EAE mice that received the same volume of PBS served as a sham injection control. Symbols represent mean \pm SD; $n = 6\text{--}8$ mice per group. (A) i.v. injection at the peak of disease (day 22 p.i.). (B) i.c.v. injection at day 22 p.i. (C) i.v. injection at day 10 p.i. (D) i.v. injection at day 30 p.i. * $P < 0.05$, ** $P < 0.01$, comparisons between sham-EAE group and other groups; # $P < 0.05$, comparison between GFP-aNSCs and IL-10–aNSCs.

Enhanced suppression of EAE by transplanted IL-10–aNSCs. To determine whether overexpression of IL-10 by aNSCs ameliorates EAE more effectively than control GFP-aNSCs, dissociated single aNSCs (1.5×10^6 cells in 200 μ l PBS per mouse) were injected at different stages of the disease via different routes: (a) before disease onset (day 10 after immunization [p.i.]) i.v. through the tail vein; (b) at the peak of disease (day 22 p.i.) i.v. or i.c.v.; (c) 2 weeks after disease onset (day 30 p.i.) i.v. EAE mice that received the same volume of PBS served as a sham injection control. As shown in Figure 2, A–D, sham-treated mice developed typical EAE, while both IL-10–aNSC and GFP-aNSC treatment at different stages of ongoing EAE resulted in significantly decreased disease severity. Prominent suppression of the progression and severity of EAE was obtained by IL-10–aNSC treatment compared with that of control aNSCs, particularly via i.v. injection at day 22 p.i. Although i.c.v. injection at day 22 p.i. suppressed EAE to an extent similar to i.v. injection, recovery began later (Figure 2, A and B). Mice treated before disease onset (day 10 p.i.) displayed significantly lower clinical scores and delayed disease onset compared with sham-treated mice; a more profound effect was obtained from IL-10–aNSC injection (Figure 2C). The therapeutic effect of transplantation at day 30 p.i. was similar to that at day 22 p.i. (Figure 2D).

Engraftment of IL-10–aNSCs in the CNS. Mice treated with aNSCs i.v. at day 22 p.i. were extensively perfused, and brain and spinal

cords were harvested at weeks 2, 6, and 11 after transplantation (p.t.). All pathology/immunohistochemistry studies were focused at standard 500 μ m²–specific fields within the ventral column of the lumbar spinal cord (L3) and corpus callosum of the brain, as shown in Supplemental Figure 3. These areas were chosen because infiltration and demyelinated lesions were more obvious in ventral than in other areas of the lumbar spinal cord (see below), consistent with observations of others in MOG-induced EAE (22–24). Similarly, the corpus callosum was also a major area for studying MS/EAE lesions (data not shown and refs. 25, 26).

Using GFP as a marker, we first traced the homing and engraftment of transplanted aNSCs (GFP⁺) by counting the number of GFP⁺ cells at these specific sites in brain and spinal cord. At week 2 p.t., only a few of GFP⁺ cells were found in brain parenchyma in both IL-10–aNSC– and GFP-aNSC–treated groups, while most of them remained in perivascular areas of the CNS (Figure 3A), in which CD45⁺-infiltrating cells persisted (Figure 3C), and the peripheral organs (data not shown). Some GFP⁺ cells crossed the blood–brain barrier, others adhered to the vessel walls (Figure 3A). The majority of GFP⁺ aNSCs retained an undifferentiated state (nestin⁺) (Figure 3D). Blood vessels were identified by endothelial marker laminin (Figure 3, A and B) as described previously (27). At week 6 p.t., the majority of NSCs had migrated

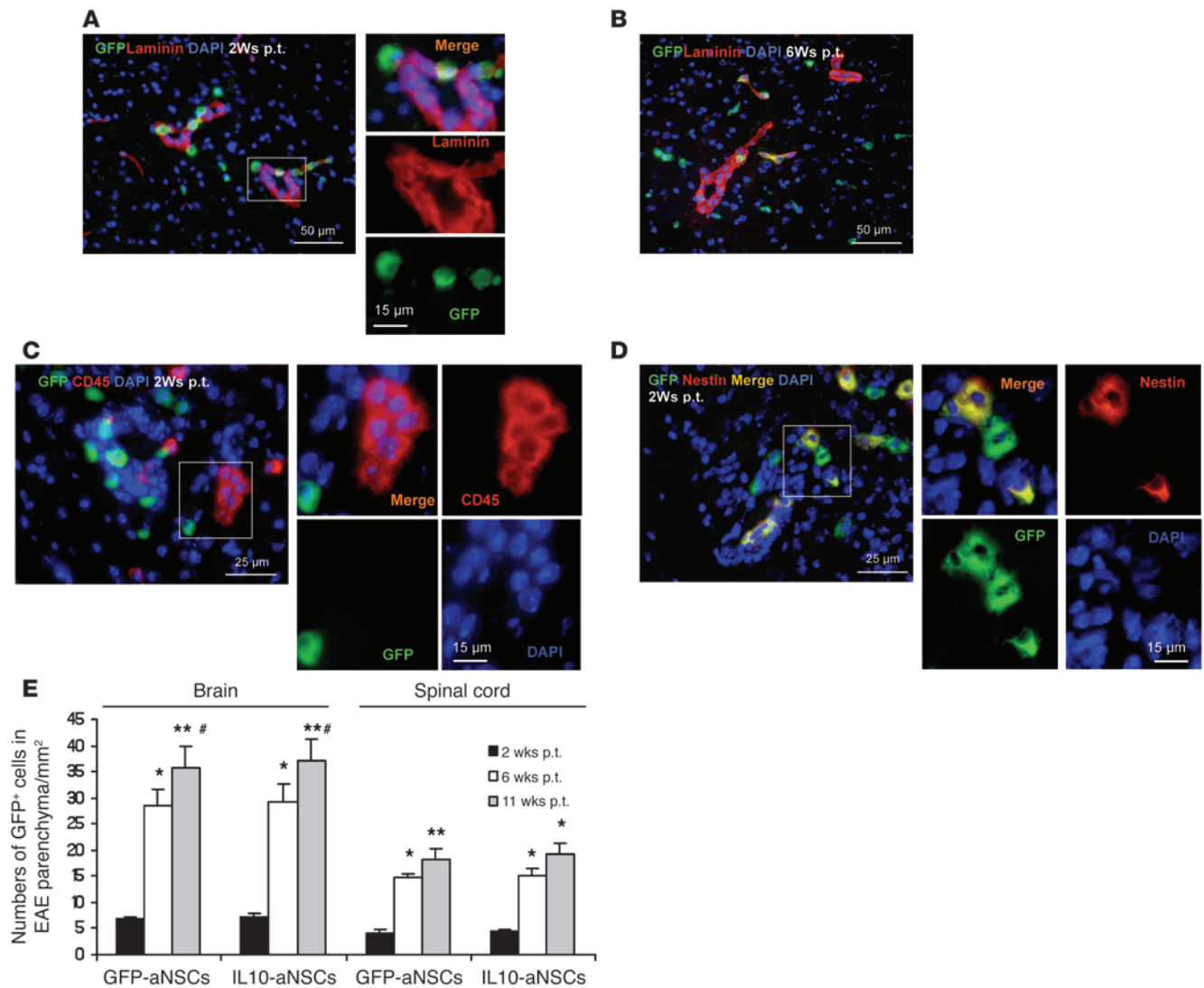


Figure 3

Localization and migration of transplanted aNSCs in the CNS. Mice treated with aNSCs i.v. at day 22 p.i. were sacrificed 2, 6, and 11 weeks p.t., and brains were harvested for immunohistology. The same region of the corpus callosum was examined in all groups, as shown in Supplemental Figure 3. (A and B) Transplanted aNSCs (green) were primarily confined to perivascular spaces 2 weeks (Ws) p.t., while the majority of these cells had migrated to the parenchyma by 6 weeks p.t. Blood vessels were stained with anti-laminin antibody (red). (C) GFP⁺ aNSCs remained in perivascular spaces of inflammatory areas, in which blood-borne CD45⁺ immune cells (red) that form the CNS inflammatory infiltrate persisted. (D) The majority of aNSCs in perivascular spaces remained positive for nestin (red). Nuclei in A, B, and C were stained with DAPI (blue). The high-magnification images represent the boxed regions (A, C, and D). Original magnification, $\times 20$ (A and B); $\times 40$ (C and D); $\times 65$ (high-magnification images, A, C, and D). (E) Quantitative analysis of aNSCs that reached the parenchyma of EAE at 2, 6, and 11 weeks p.t. Symbols represent mean \pm SD; $n = 6-8$ mice per group. * $P < 0.05$, ** $P < 0.01$, comparisons between groups 2 weeks p.t. and groups at other time points; # $P < 0.05$, comparison of groups between 6 and 11 weeks p.t.

into inflammatory foci of the CNS parenchyma, which was identified as tissues within white matter areas (e.g., ventral column and corpus callosum; Supplemental Figure 3) and distant from blood vessels (Figure 3B). Inflammatory foci were identified by CD45⁺-infiltrating cells in serial sections (data not shown). Only 4–6 cells/mm² remained in the perivascular areas (Figure 3B) or normal parenchyma, but none of these cells were seen in the periphery (data not shown). At week 11 p.t., almost all NSCs were in the demyelinated foci (35–38 cells/mm² in brain; Figure 3E), and only a few (0–3/mm²) remained in the perivascular areas (data not shown). Similar numbers of aNSCs were observed in

the inflamed parenchyma of GFP-aNSC-i.v. and IL-10-aNSC-i.v. mice (Figure 3E). EAE lesions in affected regions of the corpus callosum contained twice as many transplanted aNSCs per unit area as in spinal cord (Figure 3E).

Enhanced antiinflammatory effect of IL-10-aNSCs in the CNS. Prominent IL-10 secretion in inflammatory areas was confirmed in spinal cord sections by colocalization of significant IL-10 expression and GFP⁺ aNSCs in IL-10-aNSC-treated mice but not in GFP-aNSC-treated mice (Figure 4A). The inflamed areas were identified by serial sections of CD45 staining (Figure 4B). Similar results were observed in the corpus callosum (data not shown).

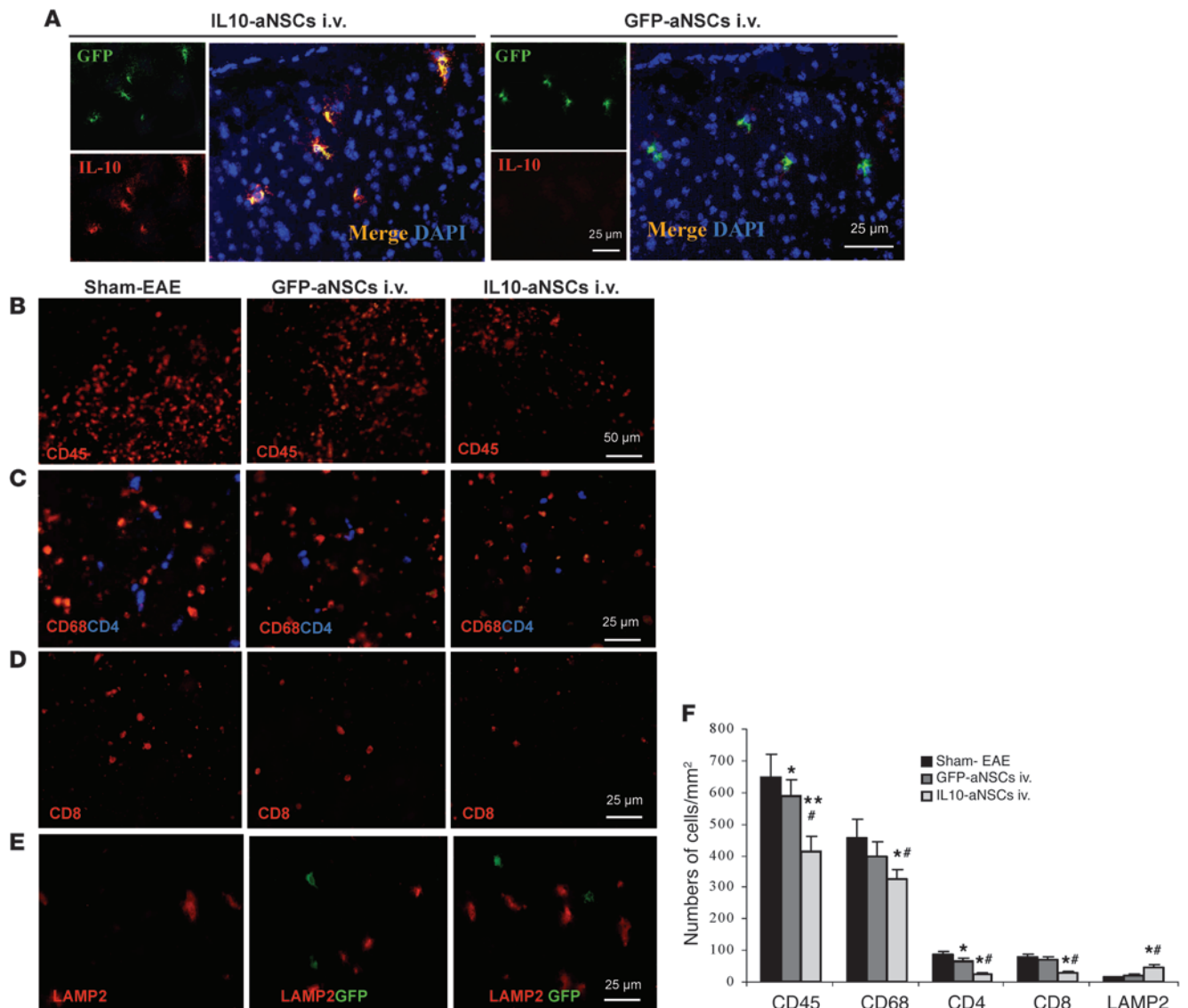


Figure 4

Engraftment and enhanced antiinflammatory effect of IL-10-aNSCs in the CNS. Mice described in Figure 2A (i.v. injection at day 22 p.i.) were sacrificed 2 weeks p.t., and lumbar spinal cords were harvested for immunostaining. The same region of the ventral column at L3 was examined in all groups, as shown in Supplemental Figure 3. (A) GFP⁺ aNSCs were found in the white matter of spinal cords in both groups of aNSC-treated mice, colocalization of strong IL-10 expression (red) and GFP (green) were detected in IL-10-aNSC-treated mice but not GFP-aNSC-treated mice. Nuclei in A were stained with DAPI (blue). (B) Immunostaining with anti-CD45 antibody to detect CNS inflammation. Reduced numbers of CD68⁺ (red) and CD4⁺ (blue) cells (C) and CD8⁺ (red) cells (D) and an increased number of LAMP2⁺ (red) cells (E) were found in spinal cord lesions of IL-10-aNSC-treated mice. None of the GFP⁺-NSCs (green) express LAMP2. Original magnification, $\times 40$ (A and C–E); $\times 20$ (B). (F) Quantitative analysis of CNS-infiltrating cells, as shown in B–D, and LAMP2⁺ cells, as shown in E. Symbols represent mean \pm SD; $n = 6$ –8 mice per group. * $P < 0.05$, ** $P < 0.01$, comparisons between sham-EAE group and other groups; # $P < 0.05$, comparison between GFP-aNSCs i.v. and IL-10-aNSCs i.v.

Consistent with clinical observations, inflammatory infiltration in spinal cords was significantly suppressed by IL-10-aNSCs compared with control GFP-aNSCs and PBS injection (sham-EAE). At week 2 p.t., significantly lower numbers of hematopoietic CD45⁺ cells (Figure 4, B and F), CD4⁺ T cells, CD68⁺ macrophages/microglia (Figure 4C), and CD8⁺ T cells (Figure 4D) were detected in IL-10-aNSC-treated mice compared with GFP-aNSC-treated and sham-treated mice ($P < 0.05$, $P < 0.01$; Figure 4F). A similar pattern was observed at week 6 p.t., while almost

no infiltrates were found at week 11 p.t. in the CNS of either of the NSC-treated groups (data not shown). Further, significantly increased lysosome-associated membrane protein 2 (LAMP2) expression was detected in CNS lesions of IL-10-aNSC-treated mice at week 2 p.t. compared with GFP-NSC-treated and sham-treated mice (Figure 4, E and F). These LAMP⁺ cells were GFP⁻, indicating that IL-10-NSCs promoted debris clearance by other cells but not NSCs themselves. Similar results were observed in the corpus callosum (data not shown).

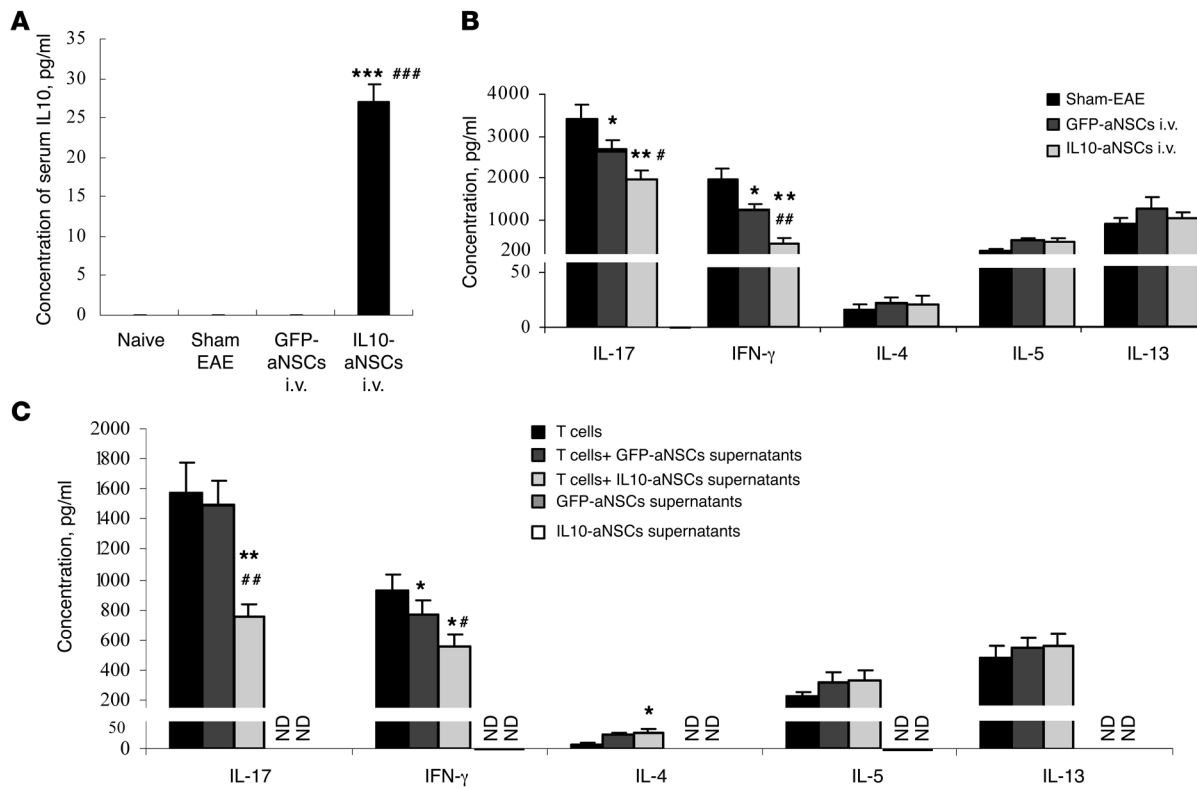


Figure 5

Enhanced immunoregulatory effect of IL-10-aNSCs in the periphery. (A) Serum IL-10 levels in mice 2 weeks p.t. were assayed by ELISA. Symbols represent mean ± SD; n = 6–8 mice per group. ***P < 0.001 and ###P < 0.001, comparisons between IL-10-aNSCs i.v. and sham-EAE or GFP-aNSCs i.v., respectively. (B) Splenocytes of mice described in Figure 2A (i.v. at day 22 p.i.) were harvested 2 weeks p.t. and stimulated with 10 μg/ml MOG_{35–55} for 3 days. Concentrations of IL-17, IFN-γ, IL-4, IL-5, and IL-13 in culture supernatants were analyzed by ELISA. Symbols represent mean ± SD; n = 6–8 mice per group. *P < 0.05, **P < 0.01, comparisons among sham-EAE group and other groups; #P < 0.05, ##P < 0.01, comparison between GFP-aNSCs i.v. and IL-10-aNSCs i.v. (C) Splenic CD4⁺ T cells of naive MOG TCR transgenic mice, of which all CD4⁺ T cells are specific to MOG_{35–55}, were cultured in conditioned supernatants of GFP-aNSCs or IL-10-aNSCs at a dilution of 1:4 (NSC supernatants/culture medium), which was optimal in our preliminary study (data not shown). Three days after stimulation with 10 μg/ml MOG_{35–55}, supernatants were harvested to measure IL-17, IFN-γ, IL-4, IL-5, and IL-13 by ELISA. Symbols represent mean ± SEM of 4 independent experiments. *P < 0.05, **P < 0.01, comparisons between splenocytes alone and others; #P < 0.05, ##P < 0.01, comparisons between splenocytes plus supernatants of GFP-aNSCs and splenocytes plus supernatants of IL-10-aNSCs. ND, not detectable.

IL-10-aNSCs more effectively modulate immune responses in vivo and in vitro. While serum IL-10 in mice 2 weeks after GFP-aNSC transplantation was undetectable by ELISA, an increased level was detected in mice that received IL-10-aNSCs compared with sham-EAE control mice or GFP-aNSC-treated control mice (both P < 0.001; Figure 5A), indicating IL-10 production by the NSCs remaining in the periphery at this time point. Serum IL-10 levels were not detectable in IL-10-NSC- and GFP-NSC-treated mice at weeks 6 or 11 p.t. (data not shown).

To study the autoantigen-induced cytokine profile of IL-10-aNSC-treated mice versus other groups, splenocytes were harvested 2 weeks p.t. and cultured with MOG_{35–55} peptide. The production of inflammatory cytokines IFN-γ and IL-17 in culture supernatants was inhibited in both aNSC-injected groups as compared with sham control mice, and more effective inhibition was obtained from mice treated with IL-10-aNSCs than from those treated with GFP-aNSCs (P < 0.05, P < 0.01; Figure 5B). Injection of either GFP-aNSCs or IL-10-aNSCs did not significantly change the levels of MOG-induced Th2 cytokines, including IL-4, IL-5, and IL-13 (Figure 5B).

We then tested the in vitro effect of culture supernatants of GFP-aNSCs or IL-10-aNSCs on autoantigen-induced cytokine production of MOG-reactive T cells. Compared with those cultured with GFP-aNSC supernatants, cells cultured with IL-10-aNSC supernatants produced significantly lower levels of IL-17 (P < 0.01) and IFN-γ (P < 0.05; Figure 5C), demonstrating a suppressive effect of IL-10-aNSC supernatants on autoantigen-induced Th1/Th17 responses. While slightly increased IL-4 production was observed in the cultures with IL-10-aNSCs, there were no significant differences in IL-5 and IL-13 between cultures with GFP-aNSC- or IL-10-aNSC-derived supernatants (Figure 5C).

IL-10-aNSCs induce apoptosis of encephalitogenic T cells and CNS-infiltrating cells in vivo. To investigate whether IL-10 overexpression accelerates the proapoptotic effect of aNSCs on inflammatory cells in the CNS and periphery, mice that received aNSCs i.v. at the peak of EAE (day 22 p.i.) were sacrificed at weeks 2, 6, and 11 p.t. Brain, spinal cord, and lymph node sections were studied.

At week 2 p.t., IL-10-aNSC-treated mice showed a significant decrease in total number of infiltrating CD45⁺ cells and

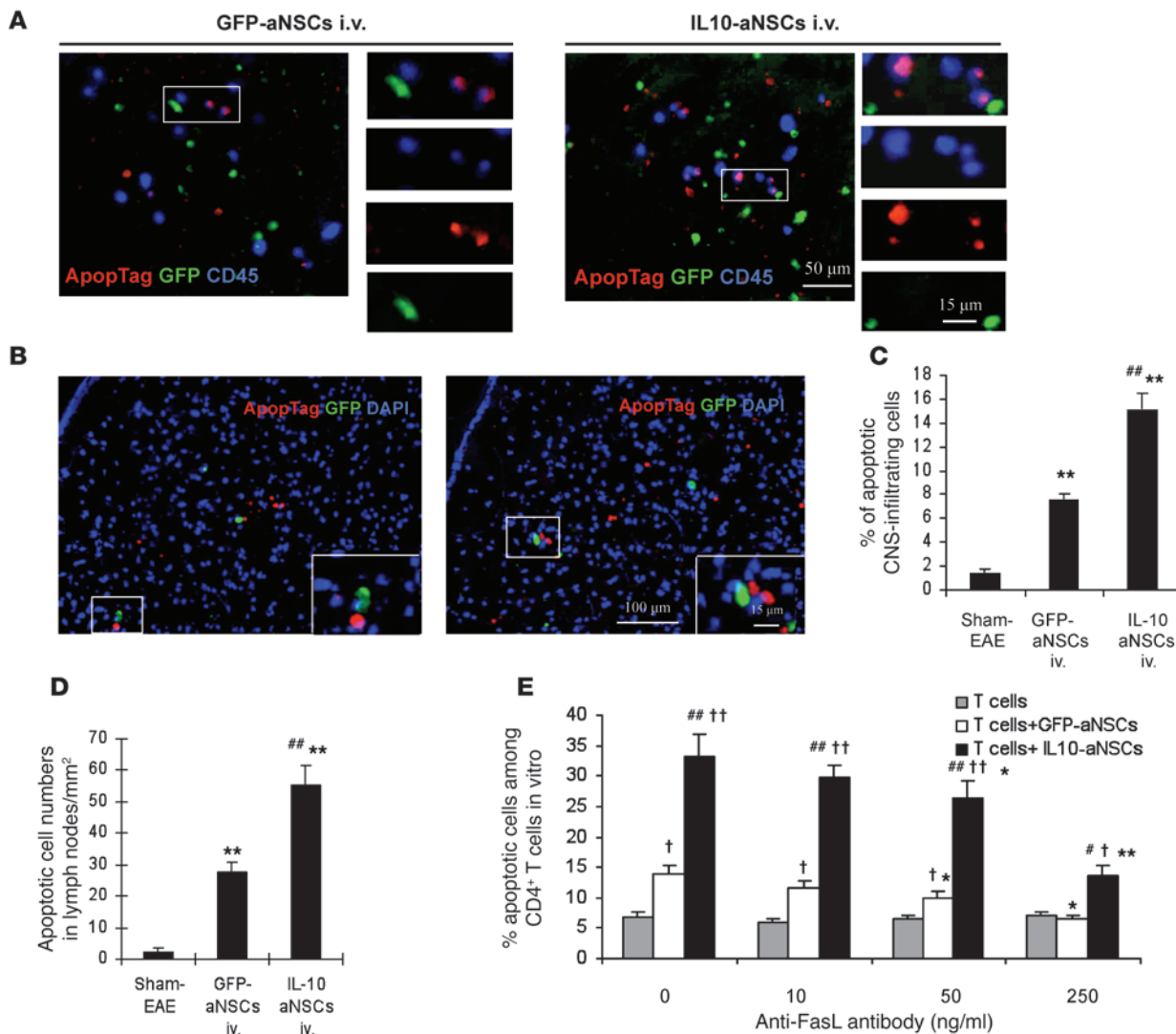
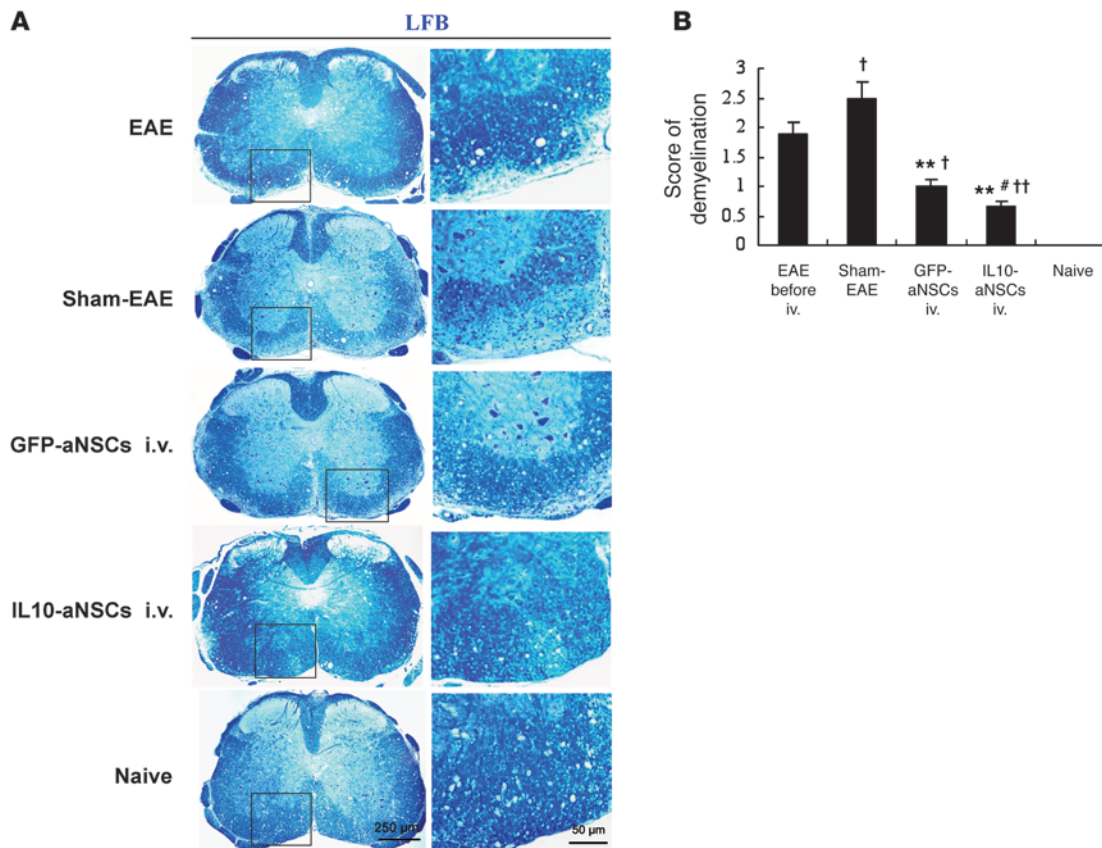


Figure 6

Enhanced proapoptotic effect of IL-10–aNSCs on inflammatory cells. Mice treated with aNSCs i.v. at day 22 p.i. were sacrificed 2 weeks p.t. Brains, spinal cords, and lymph nodes were harvested. The same region of the corpus callosum was examined in all groups, as shown in Supplemental Figure 3. **(A)** Colocalization of apoptotic cells (red) and CD45⁺ (blue) in the brain indicated that the majority of apoptotic cells were CNS-infiltrating cells, while no GFP⁺ aNSCs (green) underwent apoptosis. **(B)** GFP⁺ aNSCs were present in lymph node sections, none of which underwent apoptosis. Nuclei in **B** were stained with DAPI (blue). The insets show high-magnification images of the boxed regions. Original magnification, $\times 20$ (**A**); $\times 10$ (**B**), $\times 65$ (insets, **A** and **B**). Quantitative analysis of apoptotic CNS-infiltrating cells (**C**) and lymph node cells (**D**). Symbols represent mean \pm SD; $n = 6$ –8 mice per group. ** $P < 0.01$, comparisons between sham-EAE group and other groups; ## $P < 0.01$, comparison between GFP-aNSCs i.v. and IL-10–aNSCs i.v. **(E)** Block of FasL inhibited the proapoptotic effect of aNSCs on T cells in cocultures. Apoptotic cells were defined as CD4⁺, Annexin-V⁺, and DAPI⁺ by flow cytometry. Results are mean \pm SEM of 4 independent experiments. # $P < 0.05$, ## $P < 0.01$, comparison between T cells cocultured with GFP-aNSCs and with IL-10–aNSCs. † $P < 0.05$, †† $P < 0.01$, comparison between T cells cocultured with aNSCs and T cells alone. * $P < 0.05$, ** $P < 0.01$, comparison between wells unblocked and blocked by anti-FasL antibody.

an increased number of apoptotic cells in these infiltrating cells compared with GFP-aNSC- and sham-treated mice in spinal cord (both $P < 0.01$; Figure 6, A and C) and brain (data not shown). Mean numbers of apoptotic cells in sections of lymph node (Figure 6B, red) from IL-10–aNSC–treated mice were also significantly higher than those from GFP-aNSC–treated and sham-treated mice (both $P < 0.01$; Figure 6, B and D). Approximately 85% of apoptotic cells were distant (no contact) to transplanted GFP-aNSCs or IL-10–aNSCs. No apoptosis was detectable in GFP⁺ aNSCs (Figure 6, A and B).

At week 6 p.t., significantly higher percentages of apoptotic CD4⁺ T cells were observed in the inflammatory lesions of spinal cord (Supplemental Figure 4, A and C) and brain (data not shown) of IL-10–aNSC–i.v. mice compared with GFP-aNSC–i.v. mice and sham-EAE mice ($P < 0.01$). There were no apoptotic cells and no GFP⁺ cells observed in lymph nodes (Supplemental Figure 4B). The transplanted NSCs might have migrated into the CNS or might not have survived in this compartment up to 6 weeks p.t. In contrast, at week 11 p.t., almost no apoptotic cells were found in the CNS, or in the lymph nodes (data not shown).

**Figure 7**

Transplanted aNSCs promote remyelination of demyelinated axons in spinal cord. **(A)** Luxol fast blue (LFB) staining of spinal cord sections at day 78 p.t. for detection of demyelination. The images in the right column are high-magnification images of the boxed regions in the left column. Original magnification, $\times 4$ (left column); $\times 20$ (right column). **(B)** Mean scores of demyelination. Symbols represent mean \pm SD; $n = 6$ – 8 mice per group. $\dagger P < 0.05$, $\dagger\dagger P < 0.01$, comparisons between EAE before NSCs i.v. (day 22 p.i.) and other groups; $**P < 0.01$, comparisons between sham-EAE and other groups; $\#P < 0.05$, comparison between GFP-aNSCs i.v. and IL-10-aNSCs i.v.

IL-10-aNSCs induce apoptosis of encephalitogenic T cells via the Fas-FasL pathway. We then studied the enhanced proapoptotic effect of IL-10 overexpression on MOG-reactive T cells and the involvement of Fas/FasL interaction in this process in vitro. As shown in Figure 6E, significantly higher percentages of early apoptotic cells were observed among total $CD4^+$ T cells cocultured with IL-10-aNSCs than with GFP-aNSCs or T cells only (all $P < 0.01$), while a slightly higher percentage of apoptotic $CD4^+$ T cells was observed in the culture with GFP-aNSCs than with T cells only ($P < 0.05$). The proapoptotic effect of aNSCs was partially inhibited by blocking FasL with antibody in a dose-dependent manner ($P < 0.05$, $P < 0.01$).

IL-10-aNSCs promote remyelination. To compare the regenerative potential of IL-10-aNSCs versus control GFP-aNSCs in EAE mice, the same regions of brains (corpus callosum) and spinal cords in ventral column at L3 (Supplemental Figure 3) were examined for all groups at the end of the experiment (78 days p.t.). Spinal cords of IL-10-aNSC-treated mice exhibited rare demyelination foci and a significantly lower score of demyelination than untreated, control GFP-aNSC-treated, and sham-treated EAE mice (Figure 7). Untreated EAE mice underwent progressive demyelination, as evidenced by a significantly higher demyelination score in sham-EAE mice (day 78 p.t. or day 100 p.i.) than in EAE mice before NSC treatment (day 22 p.i.) (Figure 7; $P < 0.05$). For electron microscopic analysis, low

magnification was used first to define the same regions of spinal cord for all groups (ventral, L3; Supplemental Figure 3). A high-magnification examination showed the presence of thin myelin sheaths, a well-established morphological hallmark of remyelination (28, 29) in both IL-10-aNSC- and GFP-aNSC-treated mice (Figure 8A). A greater percentage of myelinated axons and a lower g ratio were determined in IL-10-aNSC-treated mice than in GFP-aNSC-treated mice ($P < 0.05$; Figure 8, B and C), indicating enhanced remyelination (28, 29). Oligodendrocyte-like cells could be observed in all mouse groups (Figure 8A), in contrast to our experiments with IL-10-aNSC-treated mice (see below).

Multi-focal myelin loss in EAE mice was also detected with markedly decreased myelin basic protein (MBP) immunoreactivity in the corpus callosum (Supplemental Figure 5A) and the ventral column of spinal cord (data not shown). Treatments with either IL-10-aNSCs or GFP-aNSCs increased MBP expression (Supplemental Figure 5A). The majority of GFP⁺ cells were found inside demyelinated areas. Compared with GFP-aNSC- and sham-treated mice, IL-10-aNSC treatment significantly increased MBP expression and the percentage of MBP⁺NF-H⁺ myelinated axons ($P < 0.05$, $P < 0.01$; Supplemental Figure 5, B and C). Some of the GFP⁺ aNSCs were MBP⁺ and in contact with axons (Supplemental Figure 5B), suggesting exogenous remyelination by transplanted aNSCs. On

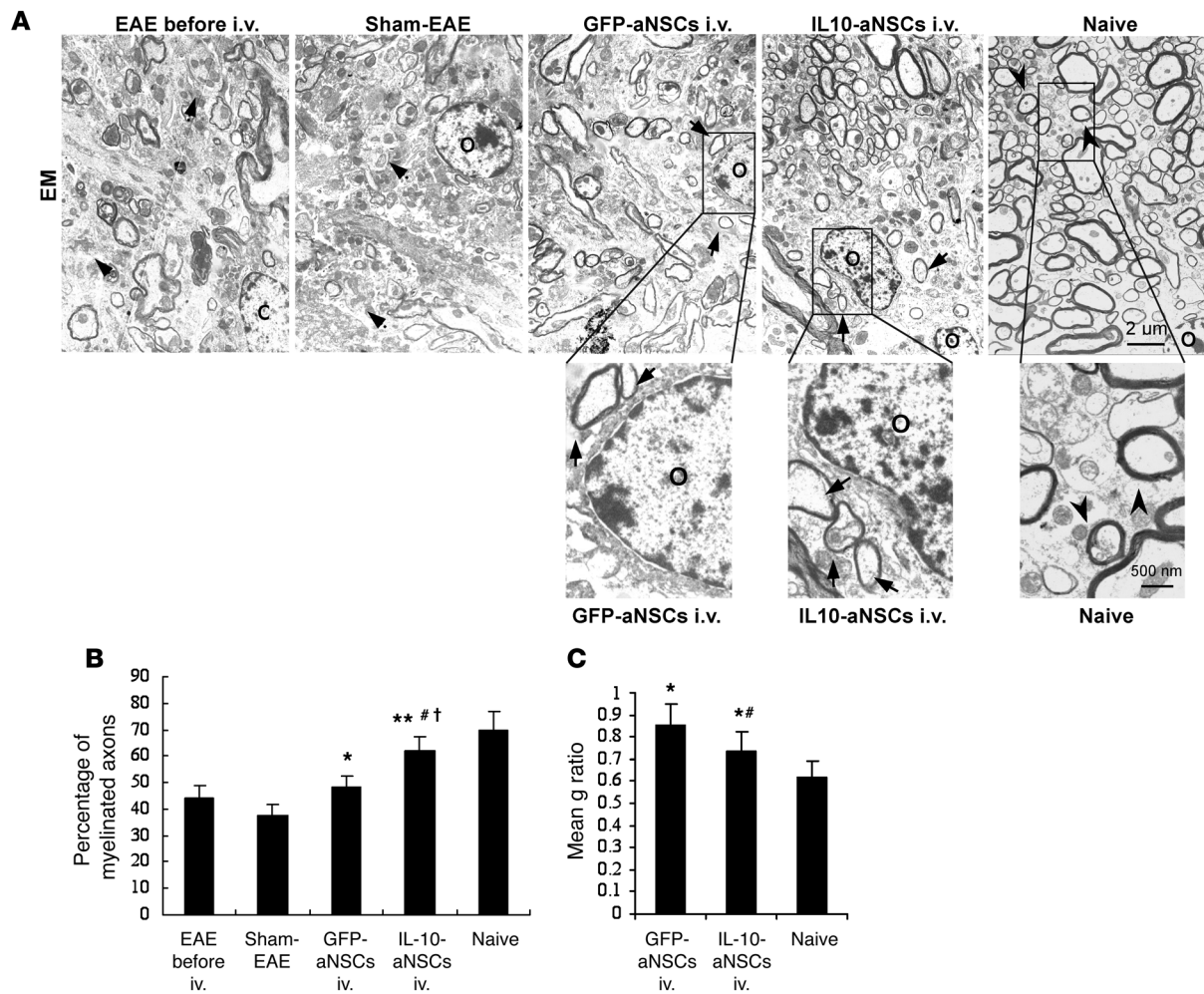


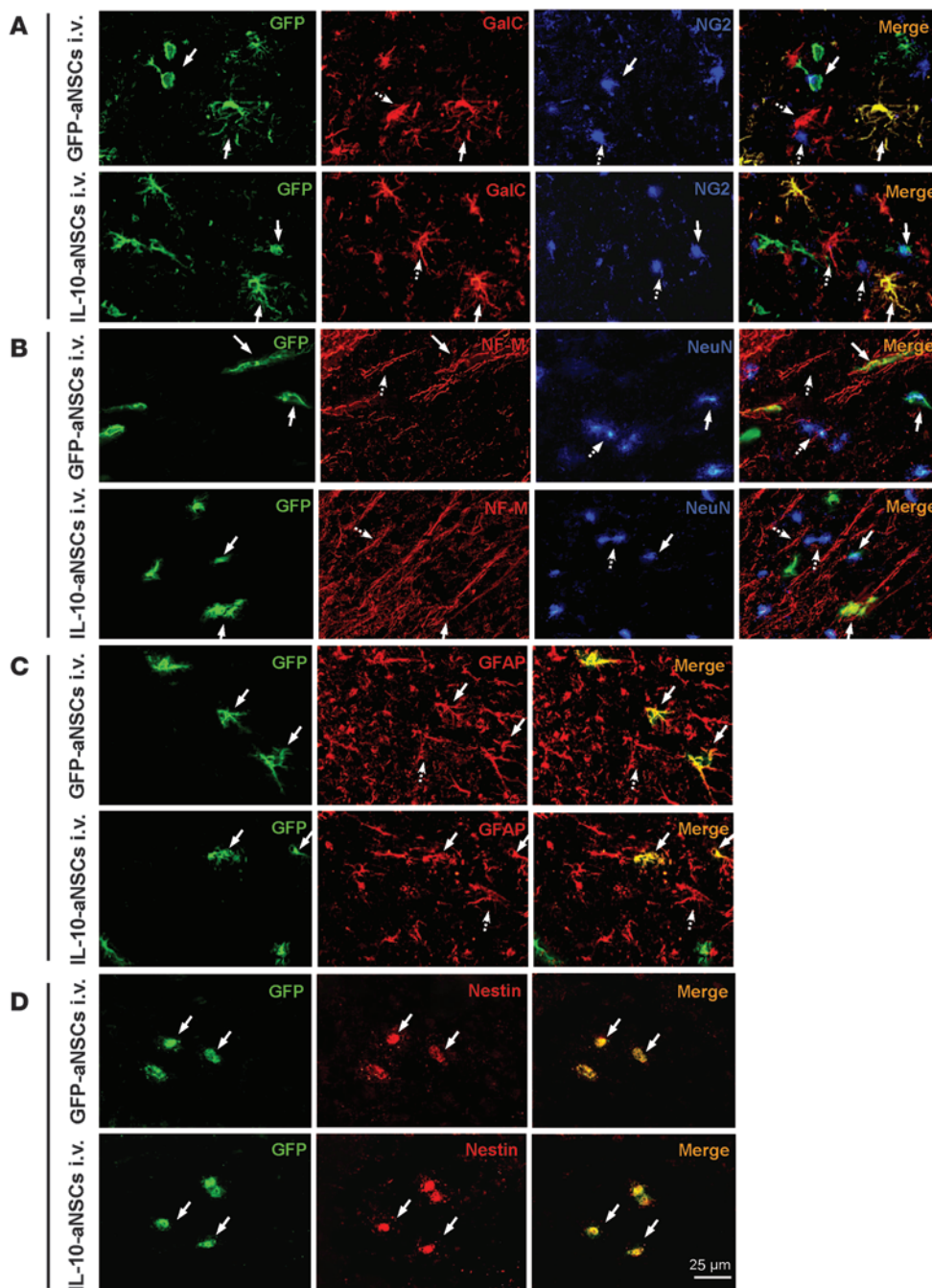
Figure 8

Transplanted aNSCs promote remyelination of demyelinated axons in spinal cord. Spinal cords were harvested at day 78 p.t. The same region was examined in all groups: a specific site of the ventral column of the lumbar spinal cords (L3), as shown in Supplemental Figure 3. (A) Electron microscopic analysis of the demyelinated lesions of spinal cords at day 78 p.t. showed the presence of thin myelin sheaths (remyelination; arrows with solid lines) in both IL-10-aNSC- and control aNSC-treated mice, while a large number of demyelinated axons (arrows with dashed lines) were found in sham-EAE and EAE mice before treatment, and normal thick myelin sheaths (arrowheads) were found in naive mice. The high-magnification images represent the boxed regions. O, oligodendrocytes. Original magnification, $\times 500$; $\times 2,000$ (high-magnification images). (B) Quantification of percentage of myelinated axons among total axons, as shown in electron micrographs. $\dagger P < 0.05$, comparisons between EAE before NSCs i.v. (day 22 p.i.) and other groups; $*P < 0.05$, $**P < 0.01$, comparisons between sham-EAE and other groups; $\#P < 0.05$, comparison between GFP-aNSCs i.v. and IL-10-aNSCs i.v. Symbols represent mean \pm SD; $n = 6-8$ mice per group. (C) Mean g ratio (axon diameter divided by entire myelinated fiber diameter) was determined using ImageJ software. $*P < 0.05$, comparisons between the naive group and other groups, $\#P < 0.05$, comparison between GFP-aNSC-i.v. and IL-10-aNSC-i.v. Symbols represent mean \pm SD; $n = 6-8$ mice per group.

the other hand, the majority of MBP⁺NF-H⁺ myelinated axons had no GFP⁺ aNSCs attached, indicating remyelination by endogenous cells (Supplemental Figure 5B). The mean percentage of myelinated axons and pixel intensity of MBP were significantly higher in the IL-10-aNSC-treated group than in GFP-aNSC-treated and sham-treated mice ($P < 0.05$, $P < 0.01$; Supplemental Figure 5, C and D).

IL-10-aNSCs expand neuron and oligodendrocyte populations. To characterize the phenotype of transplanted GFP-aNSCs and IL-10-aNSCs in demyelinated lesions at the end of the experiment (day 78 p.t.), triple immunostaining was performed in brain and spinal cord sections with cell type-specific antibodies. Colocalization of GFP and neural-specific markers in the corpus callosum revealed that some of the transplanted cells differentiated into NG2⁺ oli-

godendrocyte progenitors and GalC⁺ mature oligodendrocytes (Figure 9A), NeuN⁺ and NF-M⁺ neurons (Figure 9B), and GFAP⁺ astrocytes (Figure 9C). Up to 22% of GFP⁺ cells retained undifferentiated nestin⁺ morphological features (Figure 9D), consistent with a previous report (14). Quantitative analysis of these cells (Figure 10A) showed higher percentages of oligodendrocytes and neurons and lower percentages of GFAP⁺ astrocytes derived from transplanted IL-10-aNSCs than from GFP-aNSCs ($P < 0.05$, $P < 0.01$; Figure 10A). No obvious change was found in the percentage of nestin⁺ cells. IL-10-aNSC-treated mice also exhibited a significantly higher absolute number of oligodendrocytes (GalC⁺) than did other groups ($P < 0.05$, $P < 0.01$; Figure 10B). Similar results were obtained in the spinal cord (data not shown).

**Figure 9**

IL-10-aNSCs selectively expand neuron and oligodendrocyte populations in vivo. Mice treated with aNSCs i.v. at day 22 p.i. were sacrificed at day 78 p.t., and brains were harvested for immunohistochemistry. The same region of the corpus callosum was examined in all groups, as shown in Supplemental Figure 3. (A–D) Immunofluorescence images of the brain in aNSC-treated mice at day 78 p.t. Cells colabeled with GFP (green) and neural-specific markers (red, blue) were identified as differentiated cells derived from transplanted aNSCs (arrows with solid lines), which were morphologically indistinguishable from respective endogenous cells (arrows with dashed lines). Some of the transplanted aNSCs remained nestin⁺ (undifferentiated). Original magnification, $\times 40$ (A–D).

Discussion

Here, we demonstrate that aNSCs producing IL-10 not only effectively suppress CNS inflammation but also promote remyelination and neuron/oligodendrocyte repopulation, resulting in a more effective suppression of EAE than treatment with control NSCs. Based on our results, we proposed the following mechanisms (Supplemental Figure 6): (a) IL-10-aNSCs significantly enhance the ability of these cells to suppress autoimmune responses in the periphery and in inflammatory foci of the CNS, thus reducing further myelin damage; (b) IL-10 enhances the ability of transplanted NSCs to differentiate into more neurons and oligodendrocytes but fewer astrocytes, thus having the potential to promote exogenous

remyelination as well as to reduce astrogliosis, which is also an important factor in MS pathogenesis (30); (c) most importantly, IL-10-aNSCs, via reduced local inflammation and increased debris clearance, convert a hostile environment for neural cells (29) into a supportive one, thus promoting endogenous remyelination and neuron/oligodendrocyte repopulation.

NSCs have recently emerged as a potential therapeutic approach in the treatment of MS (9, 12–15, 31). The capacity of NSCs for CNS migration and neural cell differentiation makes these cells attractive resources for cell-based therapy, not only in EAE, but also in other types of neurodegenerative diseases (32, 33). Systemic and i.c.v. transplantation of NSCs resulted in slower EAE progres-

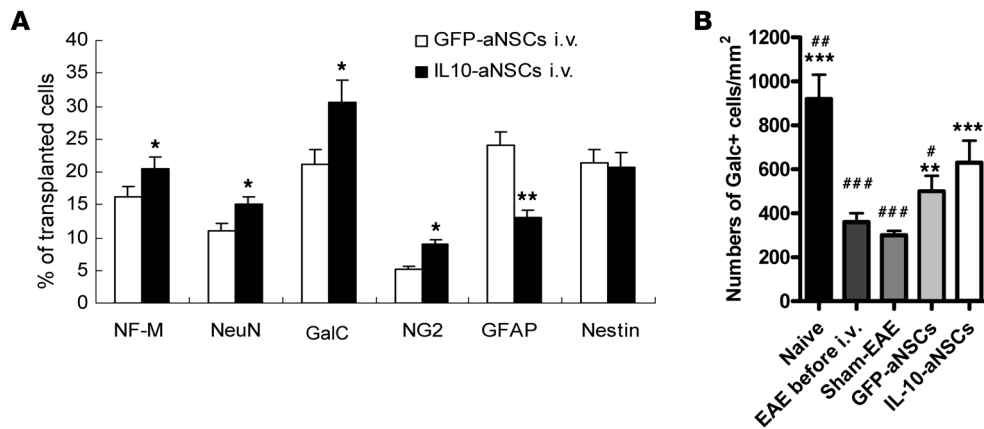


Figure 10

Quantitative analysis of neural cell populations in vivo. (A) Quantitative analysis of transplanted cells (in Figure 9) showed an increase in the percentages of IL-10-aNSC-derived NG2⁺ oligodendrocyte precursors, GalC⁺ oligodendrocytes and NeuN⁺, and NF-M⁺ neurons but a decrease in the percentage of GFAP⁺ astrocytes. Symbols represent mean ± SD; n = 6–8 mice per group. *P < 0.05, **P < 0.01. (B) Quantification of total Galc⁺ cell numbers. Symbols represent mean ± SD; n = 6–8 mice per group. **P < 0.01, ***P < 0.001, comparisons between sham-EAE and other groups; #P < 0.05, ##P < 0.01, and ###P < 0.001, comparisons between IL-10-aNSCs i.v. and other groups.

sion and less severe clinical symptoms (13–15). These cells underwent the process of differentiation into myelin-making cells and engaged in subsequent remyelination, which led to a decrease in net myelin and axonal loss (14, 15). Transplanted aNSCs survive in the CNS for up to 15 months, without any sign of deleterious outcomes, such as tumor formation, adverse immune responses, or inappropriate anatomical accumulation (34).

While SVZ-NSCs possess capacity for neuron/oligodendrocyte differentiation and neural repair, whether these cells also play an antiinflammatory role in the CNS is less clear. It has been found that i.v. transplanted NSCs stayed transiently in lymph nodes and spleen, inhibited the T cell activation and proliferation in the periphery, and markedly reduced their encephalitogenicity (9, 12, 13, 35). Upon i.v. injection, these cells migrated exclusively into inflamed white matter of the CNS (9). When NSCs were i.v. injected at an early stage of EAE (day 8 p.i.), these cells did not enter the CNS but stayed in the peripheral immune organs and inhibited EAE solely by a peripheral immunosuppressive effect (13). However, in 2 extensive studies, injection of SVZ-NSCs at the peak of EAE promoted functional recovery with virtually no anti-inflammatory effect in chronic EAE (14) and had only a mild anti-inflammatory effect in relapsing EAE (15). In our current study, injection of NSCs suppressed chronic EAE, with a mild reduction of CNS inflammation and a decrease in IL-17 and IFN-γ production in vivo. Suppressed production of IFN-γ and IL-17 was also observed after coculture of NSCs with MOG-reactive T cells in vitro. These data support an antiinflammatory effect, while relatively weak, of control aNSCs.

To confer a strong antiinflammatory capacity to aNSCs, we transduced these cells with IL-10, a pleiotropic antiinflammatory cytokine that plays a critical role in induction of peripheral tolerance against EAE and other autoimmune disorders (4, 36, 37). Other candidates may include Th2 cytokines IL-4 and IL-13, and Th3/Treg cytokine TGF-β, all of which have been widely considered to be suppressive of EAE (38–40). However, the effect of IL-4 on EAE is questionable, given that transgenic mice overexpressing IL-10 are completely resistant to the development of EAE, while transgenic mice overexpressing IL-4

are susceptible (4). The side effect of TGF-β in inducing astrogenesis in the CNS (41) argues against transduction of this cytokine to NSCs in EAE treatment. The use of local gene delivery in the CNS could replace the large, daily systemic administration.

While systemic or local administration of recombinant IL-10 had no suppressive effect on EAE, fibroblasts transduced with IL-10 as a vehicle were capable of long-term IL-10 delivery in the CNS, and significantly ameliorated EAE (16). Unlike the above approach, in which fibroblasts themselves did not have any effect on EAE but were simply used as a vehicle, genetically modifying aNSCs to express IL-10 would endow these cells with a dual effect: not only using them as a vehicle for IL-10 delivery but also taking advantage of their intrinsic properties of neural differentiation and repopulation. Given the central role of Th1 and Th17 cells in the development of EAE (42), a more pronounced suppression of IFN-γ and IL-17 by IL-10-aNSCs would contribute to the enhanced therapeutic effect of these cells on EAE. IL-10-aNSCs did not induce other Th2 cytokines (IL-4, IL-5, and IL-13), indicating a direct antiinflammatory effect of IL-10 produced by transduced NSCs but not via induction of other immunoregulatory mechanisms such as a Th2 response.

Given that IL-10-treated aNSCs express higher levels of chemokine receptors than nontreated cells (43), transduction with this cytokine would not negatively influence the migration of aNSCs from the periphery into the CNS. The migration and local delivery of IL-10 by transduced IL-10-aNSCs was confirmed by the presence of IL-10⁺ NSCs in the inflammatory foci, in which this cytokine was able to exert a direct suppressive effect on infiltrating immune cells (1, 2). The elevated IL-10 in the serum of these mice at week 2 p.t. is consistent with the finding that a proportion of NSCs remains in the periphery, where they can exert an immunosuppressive effect on development of Th1/Th17 responses at the early stage after transplantation.

T cell apoptosis plays a pivotal role in deletion of autoreactive T cell clones, which results in tolerance to self antigens. It has been found that NSCs induced a 3-fold increase in the number of CNS-infiltrating CD45⁺TUNEL⁺ cells in relapsing EAE, with a significant reduction in the number of inflammatory infiltrates



in the CNS (15). However, a similar phenomenon was seen in MOG-induced chronic EAE in B6 mice, resulting in suboptimal EAE suppression (14). IL-10 induced alloreactive T cell apoptosis (44, 45) via the Fas/FasL pathway, with caspase-8 activation being an initiator of this process (46). Similar to these findings, we have found that IL-10-overexpressing aNSCs promote apoptosis of both infiltrating cells in the CNS and MOG-reactive T cells in the periphery, and Fas/FasL pathway plays an important role in this process. Interestingly, most apoptotic cells after IL-10-aNSC treatment were colocalized with infiltrating CD45⁺ cells, but there was no resulting apoptosis of these NSCs themselves (Figure 6). The protective effect of IL-10 on neural cells (19), accompanied by its effect on induction of T cell apoptosis, would be significantly beneficial for reducing inflammatory demyelination in the CNS.

When demyelination is induced or associated with the adaptive immune response, spontaneous remyelination is often incomplete or lacking, resulting in substantial axonal and neuronal loss (47). Axonal loss will, in turn, make remyelination unsuccessful, due to the absence of a remyelination signal from the axons (29). In MS/EAE, remyelination takes place in an environment containing elements that are intrinsically hostile to the oligodendrocyte lineage (29). Reducing autoimmune responses, especially at inflammatory foci, using IL-10-aNSCs would thus convert the hostile environment into one supportive of the remyelination process. Further, it has been found that IL-10 production is positively correlated to the capacity of phagocytosis and debris clearance (48, 49), which facilitates inflammation resolution and CNS repair in EAE lesions (50). We observed this phenomenon in vivo in IL-10-aNSC treated mice. Phagocytosis did not occur in GFP⁺ cells in inflammatory lesions, and no phagocytic activity was observed in in vitro culture of NSCs (data not shown), indicating that aNSCs induce phagocytosis and debris clearance in vivo via other cells, such as microglia (50), rather than NSCs themselves. In addition to suppressing inflammatory responses (4), IL-10 protects oligodendrocytes from inflammation-induced damage (19). Transplanted IL-10-overexpressing aNSCs may directly interact with resident (endogenous) oligodendrocytes and neurons locally to promote survival of these cells (19). These effects resulted in a significantly increased number of oligodendrocytes (Figure 10B), which provides a basis for enhanced remyelination (51).

While aNSCs possess the potential to differentiate into neurons and oligodendrocytes, IL-10-aNSCs differentiate into more oligodendrocytes and neurons than GFP-transduced aNSCs, both in vitro (Figure 1) and in vivo (Figure 10A), thus promoting remyelination and axonal growth. The reduced astrocyte differentiation of IL-10-aNSCs would be beneficial in reducing astrogliosis, a main cause of the formation of MS plaque (30). The mechanism underlying IL-10-induced neural cell differentiation is not clear; it is possibly by induction of neurotrophins such as BDNF and NT-3. Indeed, it has been found that IL-10 production is positively correlated to the production of BDNF and NT-3, which promote neuron and oligodendrocyte precursor proliferation, survival, and differentiation (52, 53). NT-3 possesses the capacity to reduce astrogliosis (54). We have also found that IL-10 in cultures of aNSCs induced their BDNF and NT-3 production (J. Yang, unpublished observations). The elevated number of GFP⁺ NSCs colocalized with MBP⁺ cells in the CNS lesions of IL-10-aNSC-injected mice supports the effect of IL-10 on exogenous oligodendrocyte precursor proliferation and neural differentiation. However, in both groups, these exogenous cells (GFP⁺MBP⁺) were only a small proportion of all the MBP⁺ cells, while endogenous

myelinating cells (GFP⁺MBP⁺) are the major source of remyelinating cells after IL-10-aNSC treatment. Thus, IL-10-aNSCs promote neuron survival, axonal growth, and remyelination of both transplanted (exogenous) and resident (endogenous) precursors, while the latter cells play a major role in the remyelination process.

Taken together, our data demonstrate that aNSCs engineered to express a cytokine (e.g., IL-10) that enhances their ability to induce immune suppression, remyelination, and neuronal repair represent a novel approach that would significantly improve the efficacy of NSC-based therapy in EAE/MS.

Methods

EAE induction and aNSC treatment. At 8–12 weeks of age, female C57BL/6 mice were injected s.c. with 200 µg MOG_{35–55} in CFA, containing 5 mg/ml *Mycobacterium tuberculosis* H37Ra (Difco), at 2 sites on the back. All mice received 200 ng pertussis toxin (Campbell) i.p. on day 0 and 2 p.i. Daily, clinical scores were calculated blindly by 2 researchers, according to the 0–5 scale as follows: 1, limp tail or waddling gait with tail tonic; 2, waddling gait with limp tail (ataxia); 2.5, ataxia with partial limb paralysis; 3, full paralysis of 1 limb; 3.5, full paralysis of 1 limb with partial paralysis of second limb; 4, full paralysis of 2 limbs; 4.5, moribund; and 5, death. All animal protocols were approved by the Institutional Animal Care and Use Committee of Thomas Jefferson University, following NIH guidelines.

aNSCs were given by injection of single aNSCs (1.5×10^6 cells in 200 µl PBS/each mouse) i.v. via the tail vein or i.c.v. at different stages of the disease: before disease onset (day 10 p.i.), at the peak of disease (day 22 p.i.), and 2 weeks after disease onset (day 30 p.i.). Sham-treated age-, sex-, and strain-matched mice, injected i.v. or i.c.v. with PBS alone, were used as controls. All groups of animals were observed for 3 months. For i.c.v. transplantation, mice were anesthetized and mounted onto a stereotaxic frame. A 10 µl-size Hamilton syringe, with a 32-gauge needle, was used to perform i.c.v. administration at the following coordinates: 2.0 mm rostral, 1.5 mm lateral, and 3.0 mm deep in relation to the lambda.

Immunohistochemical staining. Mice treated with aNSCs i.v. at day 22 p.i. were sacrificed at 2, 6, and 11 weeks p.t., extensively perfused, and the brains and spinal cords were harvested. In particular, spinal cords were carefully excised from the brain stem to the lumbar region and cryoprotected with 30% sucrose in PBS. The lumbar enlargement was identified and then transected at the exact midpoint of the lumbar enlargement to standardize a site along the longitudinal axis of the cord, ensuring that the same lumbar spinal cord regions were analyzed for all conditions. Transverse sections of brain and spinal cord were cut, and immunohistochemistry was performed using different antibodies (Supplemental Methods). Immunofluorescence controls were routinely performed with incubations in which primary antibodies were not included. Finally, slides were covered with Vectashield Mounting Medium (Vector Laboratories), containing 1 µM DAPI. Results were visualized by fluorescent microscopy (Eclipse 800; Nikon) or confocal microscopy (LSM 510; Zeiss).

Apoptosis in the CNS and the periphery. To assess apoptosis of CNS-infiltrating cells, mice were sacrificed at 2 weeks after aNSC transplantation i.v., and 7-µm cryosections of the brain and spinal cord were stained with ApopTag Red In Situ Apoptosis Detection Kit (Chemicon International) to directly label degraded DNA. Apoptotic cells were stained red. CNS-infiltrating cells were identified by CD45⁺ (blue) through immunohistochemistry on the consecutive section. Double-staining of red and blue indicated that the majority of apoptotic cells expressed CD45. To assess apoptosis of inflammatory cells in the periphery, 7-µm cryosections of lymph node were stained with the above ApopTag Red Kit at the same time point. Apoptosis was quantified on 6 nonadjacent sections from each mouse, and 6–8 mice in each group were evaluated.



To determine the potential influence of Fas/FasL interaction on IL-10-aNSC-induced apoptosis of MOG-reactive T cells, splenocytes of naive MOG TCR transgenic mice, of which all CD4⁺ T cells are MOG₃₅₋₅₅ specific (55), were cultured in the presence of MOG₃₅₋₅₅ (10 µg/ml) and purified anti-FasL antibody (no azide/low endotoxin, BD Biosciences – Pharmingen) in different concentrations (0, 10, 50, 250 ng/ml) to block FasL (56, 57). Four days later, these cells were cocultured with aNSCs at a ratio of 10:1 for 24 hours. Cells were harvested, stained with anti-CD4, Annexin-V, and DAPI, and analyzed by flow cytometry. Apoptotic cells were defined as CD4⁺, Annexin-V⁺, and DAPI⁻. Percentages of Annexin-V⁺DAPI⁻ cells among CD4⁺ T cells were calculated, and mean percentage was determined from 5 independent experiments.

Cytokine production by ELISA. Splenocytes of EAE mice were prepared by pushing spleen tissue through a sterile 70-µm nylon cell strainer (Falcon 2350) to generate a single-cell suspension. Then, 1.5×10⁶/ml splenocytes in duplicates were cultured in RPMI 1640 with 10% FBS in 24-well plates and stimulated with 10 µg/ml MOG₃₅₋₅₅ for 3 days. Cell-free supernatants were collected and assayed for IL-10, IL-17, IFN-γ, IL-4, IL-5, and IL-13 by ELISA Kit (BD Biosciences).

Histopathology. At the end of experiments (78 days p.i.), Luxol fast blue staining was performed on 7-µm spinal cord sections for demyelination. Slides were assessed and scored in a blinded fashion for demyelination (56): 0, none; 1, rare foci; 2, a few areas of demyelination; 3, large (confluent) areas of demyelination. Quantification of CNS damage was performed on 6 sections per mouse, and 6–8 mice per group were analyzed.

Electron microscopy and MBP staining for quantification of remyelination. At the end of experiments (78 days p.t.), lumbar spinal cords were fixed, sectioned, and visualized by electron microscopy, and representative electron micrographs of each group were taken. A minimum of 12 electron micrographs per mouse were obtained, and 6–8 mice per group were evaluated. All axons

in a specific area of ventral spinal cord, as indicated in Supplemental Figure 3, on the electron micrographs were counted. The relationship between axon diameter and myelin sheath thickness is expressed as a fraction referred to as g ratio: axon diameter divided by entire fiber diameter of axon plus myelin sheath (measured by ImageJ software; <http://rsbweb.nih.gov/ij/>). The identification of abnormally thin myelin sheaths (greater than normal g ratio) remains the most reliable means of identifying remyelination (28, 29).

Statistics. Clinical scores were analyzed by calculating the area under the curve for each mouse over the clinical period of the experiment. Differences between multiple groups were evaluated by the Kruskal-Wallis 1-way ANOVA. Experiments with 2 groups were tested for statistical significance using unpaired, 2-tailed Student's *t* tests. *P* values of less than 0.05 were considered statistically significant.

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